

**Healthcare Retirement Account (HRA) and Retirement Health Care Account (RHCA)**

 Submit requests online at [viabenefitsaccounts.com](https://viabenefitsaccounts.com) or on our app for processing up to **10 days faster**.

**Step 1. Prepare your request**

 Complete the fields below and collect **required supporting documents**, as it's required to process your request.  
 (See back for details.)

<b>Full Name</b>	<b>Participant I.D./SSN</b>
<b>Address</b>	

**Step 2. Add your expenses to the correct table**
**Enter premium expenses**

Coverage Period (e.g., 01/01/2022-01/31/2022)	Carrier (e.g., Humana)	Individual Served (e.g., John Doe)	Total Amount (e.g., \$200)	Payment Account (Check one)
				<input type="checkbox"/> HRA Only <input type="checkbox"/> RHCA Only* <input type="checkbox"/> HRA Then RHCA*
				<input type="checkbox"/> HRA Only <input type="checkbox"/> RHCA Only* <input type="checkbox"/> HRA Then RHCA*

**Enter out-of-pocket expenses**

Date of Service (e.g., 01/01/2022)	Expense Category	Provider (e.g., Dr. Smith)	Individual Served (e.g., John Doe)	Amount (e.g., \$200)	Payment Account (Check one)
	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision				<input type="checkbox"/> HRA Only <input type="checkbox"/> RHCA Only* <input type="checkbox"/> HRA Then RHCA*
	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision				<input type="checkbox"/> HRA Only <input type="checkbox"/> RHCA Only* <input type="checkbox"/> HRA Then RHCA*

**Certification**

 By submitting this Reimbursement Request Form, I certify that the information provided is correct and complete. I also certify that the expenses provided were incurred for the individual served while eligible under the plan on or after its effective date. **(Continued on next page.)**

I certify the expenses haven't been reimbursed in any other way from another source, and the expenses won't be submitted for future reimbursement from another source. **I certify that I'll notify Via Benefits if my coverage is changed or cancelled** at [viabenefitsaccounts.com](http://viabenefitsaccounts.com) or 1-800-953-5395 (TTY: 711).

### Step 3. Submit this form and supporting documentation:

- By Mail: Via Benefits  
PO Box 25172  
Lehigh Valley, PA 18002-5172  
(**Note:** Mailed documents won't be returned.)
- By Fax: 1-813-387-0744
- Online: Submit requests online at [viabenefitsaccounts.com](http://viabenefitsaccounts.com) or on our mobile app for processing up to **10 days faster**.

\*By requesting payment from my RHCA of any portion of this reimbursement, I am requesting funds from my account managed by Merrill, a Bank of America company, be held to pay this request, should it be approved. If there aren't sufficient funds in my Merrill cash account, to cover this request, I understand that I'm responsible for contacting Merrill to request funds from my other investment options to be moved to the cash account. I acknowledge my RHCA reimbursement requests will only be paid up to the amount available in the account when my reimbursement is approved (less any amounts held for previously submitted reimbursement requests or premiums).

## What supporting documents should I use?

Examples of accepted supporting documentation include premium statements, a Benefit Award Letter for Medicare Part B, a Notice of Medicare Premium Payment Due, Explanation(s) of Benefits, and itemized receipts.

### When submitting supporting documents for premium expenses:

Provide a supporting documents that shows this information:

- Premium coverage period (e.g., 01/01/2022-01/31/2022)
- Carrier (e.g., Humana, N/A for Medicare Part B)
- Individual serviced (e.g., John Doe)
- Total amount (e.g., \$200.00)

### When submitting supporting documents for out-of-pocket expenses:

Provide a supporting documents that shows this information:

- Date of service (e.g., 01/01/2022)
- Expense Category (e.g., Medical, Dental or Vision)
- Provider (e.g., Dr. Smith, CVS)
- Individual serviced (e.g., John Doe)
- Amount (e.g., \$100.00)

## Important information about premium reimbursements:

If your Medicare Part B base premium is being reimbursed by Auto Pay, but your total premium is more than the base premium. **You should submit a claim for the difference only.**

### Example:

$$\begin{array}{r} \text{Actual Medicare Part B Premium} \\ - \text{Base Medicare Part B Premium (Reimbursed by Auto Pay)} \\ \hline \text{Remainder (submit a claim to be reimbursed the difference only)} \end{array}$$

### Make your reimbursements easier:



#### Receive reimbursements faster!

Get reimbursed faster by submitting your expenses online at [viabenefitsaccounts.com](https://viabenefitsaccounts.com) or on our mobile app.



#### Get your money quickly!

Set up direct deposit for quick and easy access to your money. Sign up at [viabenefitsaccounts.com](https://viabenefitsaccounts.com) or on our mobile app.



#### Health Plan Auto Pay

The feature will automatically process your monthly premium reimbursement.



#### Request reimbursements on the go!

Download our mobile app from the App Store or the Google Play Store.

## We're here to assist you

If you have questions, please call Via Benefits at 1-800-953-5395 (TTY: 711), Monday through Friday 8:00 a.m. to 7:00 p.m. Eastern Time.